



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FILED  
05 JUL 28 PM 2:41  
CARMELLA SABAUGH  
COCLERK  
CLERK  
ST. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

5. This Statement covers From: 5 01 06 to 7 23 06  
Mo Day Year Mo Day Year

1. Committee I.D. Number 137744

4. Candidate Last Name GLASS First Name KIRK M.I. E.

2. Committee Name

4a. Office Sought Including District # or Community Served (If applicable)

CTE KIRK GLASS

4b. County of Residence

5. Committee's Mailing Address

6. Treasurer's Name & Residential Address

5985 cutter  
STERLING HEIGHTS, MI 48314  
Area Code and Phone 248-225-2206

SAME AS ABOVE

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone ( ) -

7. Treasurer's Business Address

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

SAME AS ABOVE

SAME AS ABOVE

Area Code and Phone ( )

Area Code and Phone ( )

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

August 8 2006  
Month Day Year

9c. ☐ Annual Statement ( ) Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper KIRK GLASS  
Type or Print Name

Signature

Date 7 23 06  
Mo Day Year

Candidate KIRK GLASS  
Type or Print Name

Signature

Date 7 23 06  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137744  
2. Committee Name CTE KIK CLASS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>600.00</u>	(18.) \$ <u>600.00</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$ <u>~0~</u>
c. Subtotal of "Contributions"	(3c.) \$	<u>600.00</u>	(20.) \$ <u>600.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>			
(4.) \$		<u>~0~</u>	
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)			
(5.) \$		<u>600.00</u>	
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>			
(6.) \$		<u>~0~</u>	(21.) \$ <u>0</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>			
(7.) \$		<u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>503.22</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>			
(9.) \$		<u>503.22</u>	(23.) \$ <u>503.22</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>~0~</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>~0~</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)			
(11.) \$		<u>~0~</u>	(24.) \$ <u>~0~</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>~0~</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>~0~</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)			
(13.) \$		<u>~0~</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)			
(14.) + \$		<u>600.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>			
(15.) = \$		<u>600.00</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)			
(16.) - \$		<u>MS 503.22</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)			
(17.) \$		<u>96.78</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137744  
2. Committee Name CTE Kirk Glass

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-1-2006</u></p> <p>Name: <u>Kirk Glass</u></p> <p>Address: <u>5985 Cotter, Sterling HTS, MI 48314</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Area Manager</u> Employer <u>Hi-Watt / Candidate</u></p> <p>Business Address <u>34271 James Pomo, Fraser, MI 48025</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$100.00	\$100.00
<p>3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-17</u></p> <p>Name: <u>Carol &amp; William Hodgson</u></p> <p>Address: <u>3978 N. Monardnock Rd. Hernando Florida, 34442</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Retired</u> Employer <u>Retired</u></p> <p>Business Address <u>Retired - same as above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$200.00	\$200.00
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-14</u></p> <p>Name: <u>Kirk Glass</u></p> <p>Address: <u>5985 Cotter, Sterling HTS, MI 48314</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Area Manager</u> Employer <u>Hi-Watt / Candidate</u></p> <p>Business Address <u>34271 James Pomo, Fraser, MI 48025</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$300.00	400.00
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		600.00	

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137744

2. Committee Name

CTE Kirk 6/10/05

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #2 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Page Subtotal			0
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			

Enter this total on  
line 4 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 137744  
2. Committee Name CTE Kick Glass

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name Address:  If over \$100.00 cumulative, please provide: Occupation:  Employer:  Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ _____		
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name Address:  If over \$100.00 cumulative, please provide: Occupation:  Employer:  Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ _____		
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name Address:  If over \$100.00 cumulative, please provide: Occupation:  Employer:  Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ _____		

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

0
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Enter this total  
on line 6 of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 137744  
2. Committee Name CTE Kink Glass

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <del>Houghton</del> Houghton Bank Address VAN DYKE, STEALING HBS, MI 48314 <input type="checkbox"/> Fund Raiser	Purpose: <u>checking set up -</u> <u>Printing 2 Bank Secured</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6-1-06	25.29
Expenditure #2 Name VISTA Print Address 8877 INKSTER RD TAYLOR, MI 48180 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAGNETS - BUSINESS CAR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		59.44
Expenditure #3 Name ID GRAPHICS Address P.O. Box 489 West Chicago, IL 60186 <input type="checkbox"/> Fund Raiser	Purpose: <u>POLITICAL SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-18-2006	226.55
Expenditure #4 Name VISTA Print Address 8877 INKSTER RD TAYLOR, MI 48180 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTCARD/MAILERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-24-2006	116.94
Expenditure #5 Name ID GRAPHICS Address P.O. Box 489 West Chicago, IL 60186 <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-24-2006	75.00
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			503.22

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND EXPENDITURES**  
**SCHEDULE 1B - IK**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 137744  
2. Committee Name CTE Kirk Glass

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1  Name  Address	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other  Description _____ _____		
Expenditure #2  Name  Address	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other  Description _____ _____		
Expenditure #3  Name  Address	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other  Description _____ _____		

Page Subtotal  
Grand Total of all Schedules 1B-IK  
(Complete on last page of Schedule)

— 0 —

Enter this total  
on line 7 of  
the Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES**  
**SCHEDULE 1 B - G**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 137744  
2. Committee Name CTE KIK GOW

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f.

ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
<p>Expenditure #1 Name &amp; Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p>Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>		\$ _____
<p>Expenditure #2 Name &amp; Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p>Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>		\$ _____
<p>Expenditure #3 Name &amp; Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p>Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>		\$ _____
<p>Subtotal this page Grand Total of all Schedules 1B-G) (Complete on last page of Schedule</p>			<p>Enter total on Line 8b Summary Page</p>





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number

137744

2. Committee Name

27E Kink Glass

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1  Name _____  Address _____  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____  Disbursement Code _____  <input type="checkbox"/> Fund Raiser		
Disbursement # 2  Name _____  Address _____  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____  Disbursement Code _____  <input type="checkbox"/> Fund Raiser		
Disbursement # 3  Name _____  Address _____  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____  Disbursement Code _____  <input type="checkbox"/> Fund Raiser		
Disbursement # 4  Name _____  Address _____  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____  Disbursement Code _____  <input type="checkbox"/> Fund Raiser		

Subtotal this page

— 0 —

Grand Total of all Schedules 1C  
(Complete on last page of Schedule)

Enter this total  
on line 10a of  
Summary Page

**\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES**

**Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY**

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MICHIGAN DEPARTMENT OF STATE  
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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 137744  
2. Committee Name CTE Kick Glass

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by:    	4. Type: _____  5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> \$ _____	____/____/____ \$ _____ ____/____/____ \$ _____ ____/____/____ \$ _____ ____/____/____ \$ _____ ____/____/____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:    	4. Type: _____  5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> \$ _____	____/____/____ \$ _____ ____/____/____ \$ _____ ____/____/____ \$ _____ ____/____/____ \$ _____ ____/____/____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:    	4. Type: _____  5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> \$ _____	____/____/____ \$ _____ ____/____/____ \$ _____ ____/____/____ \$ _____ ____/____/____ \$ _____ ____/____/____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

137744

2. Committee Name

Kirk Glass

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held

Month Day Year

4. Number of Individuals Attending  
or Participating (whichever is  
greater)

5. Type of Fund Raising Activity

6. Address and Name (If any) of the  
place where the activity was held

☐ Private Residence

7. Total Contributions

— 0 —

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

10. Total Cost of Event

(Total Cost includes In-Kind Contributions  
and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split  
(%)

Expenditure Split  
(%)

NONE

NONE

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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**INSTRUCTIONS FOR SCHEDULE 1F, FUND RAISER**